

Appendix A. IDD System Redesign Advisory Committee Recommendations²¹

Transition to Managed Care

Simplify Accessing Dental Services

Background

Each program that provides services to persons with IDD under Texas Medicaid has unique and different requirements for accessing dental through the Medicaid waiver for adults with IDD.

Table 4. Requirements for Accessing Dental Services by Waiver or Program

Waiver or ICF/IDD Program	Benefit limit	Unique Rules
HCS	\$2000	Specific dental limit. Built into initial and renewal plan of care based on need.
TxHml	\$1000	Specific dental limit. Built into initial and renewal plan of care based on need.
CLASS	\$10,000	Combined with adaptive aids. Approvals required and not built into initial or renewal plan of care.

²¹ The recommendations in this appendix were written by members of the advisory committee and were lightly edited for formatting and punctuation by HHSC.

Waiver or ICF/IDD Program	Benefit limit	Unique Rules
DBMD	\$2500	Combined with adaptive aids. Approvals required and not built into initial or renewal plan of care.
ICF/IID	Traditional Medicaid ²²	Discussed at the annual staffing and recommendations for 3 month, 6 month or annual dental care based on need. There are follow up meetings and appointments based on what was recommended in the staffing.
STAR+PLUS	\$5,000	Specific dental limit. Built into initial and renewal plan of care.

As reflected above, current HHSC rules apply different requirements to the IDD waivers and ICF/IIDs related to accessing dental. With the addition of anesthesia for some dental procedures now being covered under Medicaid managed care, coordinating and accessing dental services has become more complicated thus needing clarification and clear guidance from HHSC. This includes explaining how a dental value-added benefit impacts limits and processes in each of the programs. To streamline the requirements and to allow easy access to

²² See July 7, 2014, Information Letter 14-37 Re: Exceptions to Managed Care Expansion:
<https://www.dads.state.tx.us/providers/communications/2014/letters/IL2014-37.pdf>

dental services for this population, the SRAC has the following recommendations.

Recommendations

- For each HCBS waiver, include in the individual's yearly plan of care the amount of services needed for dental for the year.
- For CLASS, if the amount exceeds \$2,000 the request for services will be reviewed by HHSC Utilization Review (UR).
- As part of the development of the plan of care, HHSC will not ask for information on how much primary insurance will pay prior to services being rendered. However, once the claim has occurred, the dentist will include the amount paid by primary dental to assure there is no overpaid amount from Medicaid.
- If using an anesthesiologist, the anesthesiologist and/or the facility will be paid by acute Medicaid or Medicaid managed care. The health plan must allow for an out of network (OON) anesthesiologist and facility to allow access to dental services. Clear guidance is needed to describe facilities allowed to bill including the dental office, outpatient facilities, and inpatient facilities. Clear guidance is also needed when the dentist as part of the dentist's license applies anesthesiology services.
- For any prior authorizations needed for dental services reviewed by HHSC, HHSC will provide a response within three business days.
- If the dental procedure exceeds the approved amount in the initial budget for the individual, the excess amount will be reviewed and approved if determined medically necessary without requiring the individual receiving the services to return for another procedure under anesthesia.
- For TxHmL and HCS, HHSC should expand the approved list of covered Adaptive Aids to include dentures and implants with prior approval from HHSC.
- Some services deemed as cosmetic should be reviewed to determine medical necessity such as chipped teeth in a person who bites, has feeding challenges or other complications related to the needed cosmetic procedure.

- HHSC should align policies across HCBS programs to allow for ease in access to services.
- HHSC and the IDD SRAC shall work to build access to services for this population by working with dental schools across Texas and determining additional access through state supported living centers as an outpatient option.
- HHSC and IDD SRAC shall develop methods to address accessing services through sedation early for a child through such strategies as Practice without Pressure to save the Medicaid future dollars and result in better outcomes for the member.

Education on Accessing Pharmacy Benefits

Background

HHSC moved persons with IDD into managed care beginning September 2014 to access acute care benefits. When the acute care benefit was implemented in Medicaid managed care, part of the benefits included pharmacy benefits. Recent past utilization data was provided to Medicaid managed care plan for drugs accessed by persons with IDD in the wavier programs. The health plans honored previous prior authorizations to assure a smooth transition. As the program matured, health plans began a yearly process of reviewing drugs provided to persons with IDD and renewed their prior authorizations based on physician documentation. However, many persons with IDD utilize off label drugs and drugs that exceed the maximum dosage recommendations. Therefore once a year the drug utilized will be reviewed for medical necessity. Persons with IDD were not well educated on the process, what information to provide, the timeframe for this process and who to contact. The committee recommends a brochure be developed.

Recommendations

- The committee recommends an educational brochure be provided to persons with IDD to explain the process for yearly prior authorization of pharmacy benefits.
- The committee recommends an educational brochure be provided to persons with IDD to provide contact information for each Medicaid managed care plan.
- Brochure has been completed and sent to HHSC for distribution, waiting on distribution.

Education on Transportation Benefits

Background

HHSC has made changes to the nonemergency medical transportation benefit for persons with disabilities. There is very little information on how to access nonemergency medical transportation for persons on Medicaid. The SRAC received several inquiries from persons with disabilities on how to access nonemergency medical transportation, changes to the guidelines on nonemergency medical transportation and how to receive reimbursement when nonemergency medical transportation is provided through a private car.

HHSC set up regional managed care contracts with medical transportation providers to provide services to persons in Medicaid. As a result of this change further guidance for the program information was needed to ensure persons with disabilities can still access the nonemergency medical transportation benefit. Therefore, the IDD SRAC recommended the following.

Recommendations

- Provide a clear understandable brochure to persons with IDD on how to access nonemergency medical transportation.
- Finalize and distribute the brochure to the public (completed, awaiting distribution).
- In the brochure:

- provide information on how who to contact and their contact information;
- inform persons with disabilities on how to set up a ride,
- provide information on how to be reimbursed when using a personal car; and
- answer FAQs identified by the committee.

Day Habilitation and Employment Services

Identify Employment and/or Meaningful Day Goals

Background

There is currently no standardization in person-centered service planning across programs and employment and meaningful day activity goals are not consistently addressed in assessment tools across programs.

Recommendations

- Ensure person-centered service planning addresses individualized employment and other meaningful day activity goals.
 - Include self-advocates in the discovery process to assist individuals in identifying their meaningful day (peer to peer model).
 - Review and develop recommendations to ensure that assessment and service planning questions are meaningful to individuals.
- Require case managers and service coordinators receive training on employment services (Services through TWC and waiver programs).
- Include employment service providers in service planning when an individual indicates their desire to work.
- Encourage TWC receive training regarding waiver program services.

- Explore HHSC regulatory staff reviewing for compliance to Department of Labor standards for all sheltered based employment services paying less than minimum wages.

Increase Utilization of Employment Services

Background

Despite the availability of Social Security Administrations (SSA) initiatives, work incentives and the Ticket to Work program, these employment services remain underutilized nationally and in Texas, particularly for individuals with IDD. In addition, Texas Medicaid waiver employment services of Employment Assistance and Supported Employment are grossly underutilized.

Collaboration and expanded partnerships are needed to promote understanding and use of SSA work Incentives, Vocational Rehabilitation services and Medicaid waiver Employment Assistance (EA) and Supported Employment (SE) services.

Recommendations

- Identify barriers to building a strong provider base of SE and EA providers.
- Develop a network of employment specialists.
 - ▶ Similar to HUBs for behavior, medical, psychiatric supports and consultations, a network of employment specialists could be developed starting with 8 specialists (1 per HUB) and gradually increasing to 1 per LIDDA.
- Develop and facilitate regularly scheduled regional and/or local collaboration on employment issues, including state agencies that provide employment services (LIDDAs, TWC, HHSC).
- Train IDD LTSS providers, day habilitation providers and other interested parties how to become successful employment services providers in order to have a "pool" of providers for EA and SE services.

- Educate providers, service coordinators, case managers, individuals, and families on work incentives and other resources to maintain benefits while working.
- Require and allow billing in the IDD waivers for EA providers to be present with an individual when a SE staff is being trained to ensure the transition from EA to SE is successful.
- Explore mechanisms for HHSC to support employment for individuals with IDD.
- Identify barriers and develop solutions regarding transportation to and from work related activities.

Improve Community Access through Home and Community Based Services Regulations

Background

Currently, individuals with IDD receiving day habilitation services do not have full access to the greater community through their HCBS services. Service delivery design and reimbursement rates are barriers to individualized, integrated community participation, making person centered plans and implementation plans hard to fully implement. Individuals, regardless of where they live, who receive day habilitation services get the services primarily in facility settings with no or limited access to the community during day habilitation services.

Recommendations

- Pilot or phase in flexible community supports/CFC as a full or part time alternative or as a compliment to employment, volunteering or facility-based day services, including individuals receiving residential services.
- Develop and promote pooling of day services dollars to participate in shared interests in the community for up to three individuals to provide staff and transportation.
- Provide funds to incentivize or reward creative service models that increase flexibility and support individualized, person-centered, lifespan goals to assist the state to come into

compliance with HCBS requirements. (For instance: competitive/integrated employment, integrated retirement, community recreation, volunteering, or other activities identified as meaningful by the individual.)

- Incentivize day habilitation providers to become employment providers.
- Seek input from stakeholders in various settings with varying services to increase awareness of barriers to community inclusion.
- Allow for choice of meaningful day providers and day activities across settings.
- Allow for flexibility of transportation services to support community participation activities.

Quality

Monitor Quality on Acute Benefits

Background

The IDD SRAC has been reviewing acute care quality indicators for persons with IDD to determine a set of measures appropriate for this population. The committee has reviewed the currently quality indicators utilized by Texas Medicaid managed care organizations to determine an appropriate subset of indicators to track for persons with IDD. In addition, the committee reviewed other states acute care quality indicators for persons with IDD. The committee reviewed New York State's acute care quality indicators and compared their measures with Texas. In addition, advocates reviewed the indicators and recommended a set of measures. The committee agreed to an initial set of indicators based on these three resources. The committee agreed that HHSC would run the measures against the reported encounter data received from Medicaid managed care health plans to determine if there are enough participants to produce a statistically viable sample and produce base data to begin reporting. The committee will continue to work with HHSC to identify good quality measures and monitor progress to ensure persons with IDD receive

needed acute benefits to ensure better health outcomes for this population.

Recommendations

- Recommendations for acute care quality measures have been recommended to HHSC to begin the process to review encounter data from Medicaid managed care organizations.
- Once the data has been gathered, the committee will review the results with HHSC to determine if the data is valid and can be used as base data for the future.
- The committee will continue to work with HHSC to refine the measures; review future measures and determine if LTSS measure should be developed.

Identify and Develop Health Initiatives

Background

Identify and develop health initiatives that address acute care health needs common to individuals with IDD. Individuals with IDD, as a group, are living longer and need the opportunity to age well; however, certain health conditions are common to individuals with IDD and could be reduced or managed if initiatives are developed to build capacity to maintain optimal health and avoid ER, hospital and institutional long term services and supports.

Recommendations

- Expand quality based outcome and process measures to include health care concerns impacting individuals with IDD such as obesity (due to medications), recovery based mental health services for individuals with IDD and co-occurring mental illness, early onset Alzheimer's/dementia, heart disease, health literacy for self-care and decision making.
- Analyze data and, if needed, expand data collection to include access, availability, experience, utilization, and the results of health care activities (outcomes) and patient perception of care

related to health issues common to individuals with IDD. This will require data that sorts by disability such as IDD.

Fully Fund Promoting Independence Initiatives for Children

Background

It is Texas policy that children belong in families. The Texas Legislature has funded waivers to support children moving from facilities and divert them from facility admission as part of its commitment to Olmstead and the Texas Promoting Independence Plan. The number of children and young adults growing up in nursing facilities has decreased in large part due to Medicaid-waivers which prevent institutionalization of children.

The Texas Legislature has historically funded HCS waiver services for:

Category	FY 2016-2017	FY 2018-2019
Individuals to move from large or medium ICF/IIDs	500	350
Children aging out of foster care	216	110
Prevention of institutionalization in SSLCs due to crisis	400	0
Children living in DFPS General Residential Operations (GROs)	25	0
Children and adults to move from state hospitals	120	0
Transitioning and diverting children and adults from admission to nursing	700 transition 600 diversion	150 transition 150 diversion

Category	FY 2016-2017	FY 2018-2019
facilities		
Interest list reduction for children and adults	3040	0

Recommendations

- Increase funding for Promoting Independence initiatives for children including waivers to support children to move from facilities and to divert children from admission.
- Increase waiver services funding to prevent institutionalization and to transition children currently in nursing homes and other institutional settings back into the community.

Timely Access to Comprehensive Waivers

Background

Timely access to IDD Medicaid-waivers is limited and interest lists are extremely long, in many cases over ten years. The 85th Legislature in 2017 funded new waivers slots at lowest level in over a decade. Diversion and transition slots are needed to prevent unnecessary institutionalization.

Recommendations

- Fully fund 10 percent interest list reduction per year and Promoting Independence slots for diversion and transition sufficient to meet the demand and ensure Texas Promoting Independence plan is effectively working.
- Fully fund all Promoting Independence related transition and diversion waivers for children and adults.
- As LTSS services are added into managed care over the next decade, eliminate the LTSS interest list for SSI recipients eligible for those programs.

- Implement no interest list policy for SSI recipients when expanding managed care to new LTSS populations.

Continue the “bridge to the appropriate waiver” policy. When an individual comes to the top of the interest list and is found to be ineligible based on disability or medical necessity, the individual’s name is moved to the appropriate waiver(s) interest list consistent with their disability or medical necessity criteria at the same date that the individual got on the waiver interest list for which they have been determined ineligible. MCOs, LIDDAs, service coordinators and case managers should inform individuals of the policy and assist with the process to get onto the appropriate interest list(s).

Strengthen Support for People with More Complex Needs, Including Behavior Supports

Background

Enhanced services, coordination, and monitoring are not available to individuals with complex needs across all IDD waivers. Behavior support professionals are in short supply, causing delayed assessment and services, which can lead to more restrictive, out of home placements. In addition, providers have been reluctant or unwilling to take on the liability of serving an individual due to medical or behavior acuity (high needs).

Recommendations

- Address barriers for individuals with high needs that result in difficulty accessing home and community based programs and services. For example, ensure that provider payments are both justified and sufficient.
- Establish clear expectations and ensure compliance for providers who delay or deny services to high needs individuals by providing technical assistance and resources for successful services, and by tracking delays and denials.
- Continue to expand the behavior, medical, and psychiatric HUBS to serve all waiver programs.

- Enhance capacity of crisis respite across all waiver programs.
- Access to protective supervision across all waiver programs.
- Create due process rights so individuals and their representatives, not just providers, have the right to appeal a level of need determination.
- Ensure that level of need (LON) 5 is not a targeted default assessment. Implement a one year presumption of LON 6 or LON 9 for individuals enrolling from all institutional settings or aging out from CCP skilled nursing, not solely SSLCs.
- Modify LON 9 to address the need for 1:1 staff beyond aggressive behavior supports and supervision to include any behavior that is life threatening or puts a person at risk of physical harm and requires the same level of supervision and intervention.

Develop and Implement a Regional Partnership

Background

Funding is needed to develop and implement a regional partnership throughout Texas for LIDDA, MCOs, providers and persons with IDD to better coordinate care for persons with IDD, to develop local solutions, develop strong partnerships resulting in better health outcomes for persons with IDD.

Individuals with IDD may struggle to find services, receive coordinated care, understand benefits, develop a plan for the future, and have opportunities within the community including living in the least restrictive environment and working in an integrated setting. The IDD SRAC has recommended that Texas HHSC develop regional partnerships throughout the state of Texas. The goal is to have better outcomes for persons with IDD.

Recommendations

- Develop and implement a regional partnership throughout Texas for LIDDA, Medicaid MCOs, providers and persons with IDD to better coordinate care for persons with IDD, to develop local

solutions, develop strong partnerships resulting in better health outcomes for persons with IDD.

- Fund support for staffing, securing locations for meeting and meeting materials are need to assure that the regional partnerships are developed and continue to operate.

Improve the IDD Assessment Process

Background

Capacity for assessing needs and assigning an appropriate LON and resources is critical to individuals and providers so that individuals can live and receive high quality services in the most integrated setting.

IDD assessments must become more comprehensive and the payment level sufficient to achieve and maintain optimal health, quality of life, and community living. Group homes lack enough evening and weekend staff to increase community participation in residents' preferred activities, and retirement options are lacking for individuals with IDD.

Recommendations

- Determine the most appropriate assessment and resource allocation or improve and modify the ICAP. Immediately change the grading/scoring of the ICAP so that an individual needing behavior supports is not required to already have a behavior management plan in place.

Housing

Create Housing Transition Specialist

Background

There is a lack of affordable housing options and no assistance for individuals with IDD to help them find the best housing solution. Assistance to find appropriate housing can be funded as a Medicaid

waiver benefit. Funding for Housing Transition Specialists to assist consumers and families, case managers, service coordinators and low income individuals with intellectual and developmental disabilities transition and provide housing related services.

Recommendations

- Create Housing Transition Specialist to assist people with IDD transition to the most integrated, appropriate housing for the individual.
- Request appropriation and legislative approval to fund a Medicaid waiver benefit of Housing Transition Specialists and assistance.
- Address barriers for individuals with high needs that results in difficulty accessing housing.